

"FEE ADDRESS" INDICATION FORM

Address to:
 Commissioner for Patents
Mail Stop M Correspondence
 P.O. Box 1450
 Alexandria, VA 22313-1450

Fax to:
571-273-6500

- OR -

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



Customer Number

007788

Type Customer Number here

OR



Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
6,986,951	10/670,121

(check one)

☐ Applicant/Inventor

Signature

☒ Attorney or Agent of record 29,009
(Reg. No.)

/Leonard C. Mitchard/
Typed or printed name

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)

703-816-4005
Requester's telephone number

☐ Assignment recorded at Reel _____ Frame _____

May 2, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form/s are submitted.